

**CITY OF EL PASO, TEXAS**  
**DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)**

**DEPARTMENT:** Building Permits & Inspections

**AGENDA DATE:** December 7, 2004

**CONTACT PERSON/PHONE:** R. Alan Shubert, P.E.

**DISTRICT(S) AFFECTED:** N/A

**SUBJECT:**

**APPROVE** a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

Request a refund for Rosa Maria Velasquez for a BUS#04-09743 in the amount of \$105.00 from account #41010127-404138; and a PLM#04-05971 in the amount of \$60.00 from account 36010119-404112

**BACKGROUND / DISCUSSION:**

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action?

Request a refund for Rosa Maria Velasquez for a BUS#04-09743 in the amount of \$105.00 from account #41010127-404138; and a PLM#04-05971 in the amount of \$60.00 from account 36010119-404112

**PRIOR COUNCIL ACTION:**

Has the Council previously considered this item or a closely related one? If so, when?

N/A

**AMOUNT AND SOURCE OF FUNDING:**

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

Account numbers: 41010127-404138 and 36010119-404112

**BOARD / COMMISSION ACTION:**

Enter appropriate comments or N/A

N/A

**\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\***

**LEGAL:** (if required) \_\_\_\_\_ **FINANCE:** (if required) \_\_\_\_\_

**OTHER:**

(Example: if RCA is initiated by Purchasing, client department should sign also)

*Information copy to appropriate Deputy City Manager*

**APPROVED FOR AGENDA:**

**CITY MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# CITY OF EL PASO

## BUILDING PERMITS AND INSPECTIONS DEPARTMENT

### REFUND REQUEST FORM

☒ Individual

☐ Company

☐ Other

NAME: Rosa M<sup>ra</sup> Velasquez

ADDRESS: 226 N Zaragoza

CITY El Paso STATE TX ZIP CODE \_\_\_\_\_

TELEPHONE # (1631) 392-2745

Please complete the following if a company, corporation, etc. is requesting the refund:

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

FIN (FEDERAL ID #) \_\_\_\_\_

REASON FOR REQUEST: Me boy a mover  
fuera de la ciudad

SIGNATURE OF RECIPIENT: Rosa M<sup>ra</sup> Velasquez DATE: 11-22-04

**DO NOT WRITE BELOW THIS LINE, TO BE COMPLETED BY BUILDING PERMITS AND INSPECTIONS DEPARTMENT**

VENDOR # \_\_\_\_\_

DEPARTMENT ID # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

FUND # \_\_\_\_\_ CLASS # \_\_\_\_\_

VOUCHER # \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ PHONE #: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Building Permits and Inspections Director



10/12/2004  
4:27:00PM

**Receipt #: 320040000000001176**

**Date: 10/12/2004**

Station ID: 3

**Line Items:**

Case No	Tran Code	Description	Revenue Account No	Amount Paid
BUS04-09743	0010	Health/Food License	41010127-404138	150.00
PLM04-05971	0010	Permit Fee	36010119-404112	60.00
Line Item Total:				<b>\$210.00</b>

**Payments:**

Method	Payer	Bank No	Account No	Confirm No	How Received	Amount Paid
Cash	EL FAROLITO				In Person	220.00
Change					In Person	(10.00)
Payment Total:						<b>\$210.00</b>

- \$45.00 Processing Fee

OK to refund per  
Barbara Shipp 11/22/04

Refund \$165.00

EL PASO CITY-COUNTY HEALTH  
AND ENVIRONMENTAL DISTRICT  
FOOD INSPECTION PROGRAM



RECEIPT NO. No. 09710

DATE: 10/13/04

Received From

El Jarolito

Address

226 N Zaragoza

One Hundred & two Dollars \$ 100.02

7604-00082

Received By

2

CITY OF EL PASO: SITE ASSESSMENT	RE-INSPECTION	HACCP	BOOKLETS: 9 12	TFR	SIGNS: Ground Meat
PUBLIC INFORMATION	DUPLICATE: Permit	Food Handler	Manager	MISC.	
COUNTY OF EL PASO: FOOD SERVICE: Under 3000	Over 3000	RETAIL FOOD: Under 3000	Over 3000	ROADSIDE	
MOBILE FOOD: Exposed	Unexposed	CARE FACILITY: 4 OR LESS	5-8	9-18	REGISTERED/GROUP
DAY CARE CENTER	TEMPORARY: Exposed	Unexposed	DUPLICATE	MISC.	

El Paso Municipal Code, 9.12.200 Fees Nonrefundable. All fees paid to the health authority under this article are nonrefundable.  
El Paso County Food Safety Order, Section 4. Fees: All fees collected pursuant to this Order are non-refundable

**THIS IS NOT A PERMIT**



# PLUMBING PERMIT

PERMIT NO.: **PLM04-05971**

APPLIED: **10/12/2004**

ISSUED: **10/12/2004**

**EXPIRES: 4/12/2005**

**SITE ADDRESS: 226 N ZARAGOSA RD**

**ASSESSOR'S PARCEL NO.: Y805999046C1501**

**TYPE OF WORK: Plbg CHP (Health) Permit**

TYPE OF USE: **Commercial**

## PROJECT DESCRIPTION: CHP PERMIT

OWNER/APPLICANT

ROSA M VELAZQUEZ  
226 N ZARAGOZA  
EL PASO TX 79907

## CONTRACTOR

OWNER

[illegible]

Fees			
Type	By	Date	Amount
<b>PRMT</b>	<b>ROD</b>	10/12/2004	<b>\$60.00</b>
<b>Total</b>			<b>\$60.00</b>

1. This permit is issued in accordance with the provisions of Chapter 18.02 of the Municipal Code and the applicant, in accepting it, obligates himself to comply fully with all the provisions of the Municipal Code and other applicable codes and ordinances insofar as they affect this permit, including but not limited to, calling for all required inspections.

2. I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Issued by for the Building Permits & Inspections Director

Contractor's or Homeowner's Signature

1 Original 2 Customer 3. Cashier 4. Office

**24 Hour Notice Required For All Inspections**  
541-4600 or 541-4700

Cancelled 11/22/04 BAs